



CALIFORNIA STATE UNIVERSITY, FRESNO

Sabbatical Leave & Difference in Pay Review Form

SECTION I: GENERAL INFORMATION

Faculty Name: _____

Department: _____

College/School: _____

Date of Application: _____

Is the Department Chair submitting a separate recommendation (Check One): Yes No

SECTION II: DEPARTMENTAL COMMITTEE INFORMATION

Action Recommended by Department Peer Review Committee {Include Vote In ()}
 Note: *Each Committee Member Votes for Only One category.*

(_____) Recommended	(_____) Not Recommended	Departmental Ranking (sabbaticals only) _____
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Names and signatures of all Department committee members (list all members and indicate the individual designated as chair [and department chair if not making an independent recommendation]. Signatures indicate that the above recommendation represents the Department Peer Review Committee's action):

Signature	Date
Signature	Date
Signature	Date
Signature	Date
Signature	Date
Signature	Date
Signature	Date

(Please Continue To The Next Page)

SABBATICAL / DIFFERENCE IN PAY REVIEW FORM

PAGE 2

Applicant Name _____

SECTION III: DEPARTMENT CHAIR INFORMATION

Note: this section is to be completed only if the department chair is making a separate recommendation.

Action Recommended by Department Chair.

(_____) Recommended (_____) Not Recommended Departmental
Ranking (sabbaticals only) _____

Signature indicates that the above represents the Department Chair's action.

SIGNATURE

DATE

I HAVE RECEIVED A COPY OF THE ABOVE INFORMATION. I HAVE HAD AN OPPORTUNITY TO DISCUSS THE RECOMMENDATION(S) WITH THE DEPARTMENT CHAIR. I AM AWARE OF MY RIGHT TO APPEAL THIS RECOMMENDATION TO THE COLLEGE/SCHOOL PEER REVIEW COMMITTEE.

FACULTY SIGNATURE

DATE

(Please Continue to the Next Page)

SABBATICAL AND DIFFERENCE IN PAY REVIEW FORM

PAGE 3

Faculty Name _____

SECTION IV: COLLEGE/ SCHOOL COMMITTEE INFORMATION

Action Recommended by College/School Peer Review Committee {Include Vote In ()}

Note: Each Committee Member Votes for Only One category.

(_____) Recommended (_____) Not Recommended Ranking (sabbaticals only) _____

Names and signatures of all College/School committee members (list all members and indicate the individual designated as chair of the committee). Signatures indicate that the above recommendation represents the College/School Peer Review Committee's Action.

SIGNATURE

DATE

SIGNATURE

DATE

SIGNATURE

DATE

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DATE

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DATE

SIGNATURE

DATE

I HAVE RECEIVED A COPY OF THE ABOVE INFORMATION. I HAVE HAD AN OPPORTUNITY TO DISCUSS THE RECOMMENDATION(S) WITH THE PEER REVIEW COMMITTEE CHAIR. I AM AWARE OF MY RIGHT TO APPEAL THIS RECOMMENDATION TO THE DEAN.

FACULTY SIGNATURE

DATE

(Please Continue to the Next Page)

SABBATICAL AND DIFFERENCE IN PAY REVIEW FORM

PAGE 4

Faculty Name _____

SECTION V: DEAN DECISION

ACTION TAKEN BY DEAN (CHECK ONE):

_____ APPROVED

_____ DISAPPROVED

Signature indicates that the above represents the Dean's action.

DEAN

SIGNATURE

DATE

I HAVE RECEIVED A COPY OF THE ABOVE INFORMATION. I HAVE HAD AN OPPORTUNITY TO DISCUSS THE RECOMMENDATION(S) WITH THE DEAN. I AM AWARE OF MY RIGHT TO APPEAL THIS DECISION TO THE PROVOST AND VICE PRESIDENT FOR ACADEMIC AFFAIRS.

FACULTY SIGNATURE

DATE